

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE

460

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For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5.)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- (Also Complete Part 6.)
- Primary Formed Candidate/
Officeholder Committee
- (Also Complete Part 7.)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
880354

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Committee to Protect the Political Rights of Minorities

STREET ADDRESS (NO P.O. BOX)

CITY Sacramento	STATE CA	ZIP CODE 95814-	AREA CODE/PHONE
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Sacramento	STATE CA	ZIP CODE 95814-	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER

Alice Huffman

MAILING ADDRESS

CITY Sacramento	STATE CA	ZIP CODE 95814-	AREA CODE/PHONE (916) 498-1890
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/2016 By Alice Huffman

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

DATE
10/24/2016

By Alice Huffman

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE _____

By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE _____

By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE _____

By _____

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D.NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D.NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee List names of officeholder(s) or candidate(s) For which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

SUMMARY PAGE

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

Statement covers period from <u>07/01/2016</u> through <u>10/22/2016</u>	I.D. NUMBER 880354
Page <u>3</u> of <u>27</u>	

Contributions Received

		Column A <small>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</small>	Column B <small>CALENDAR YEAR TOTAL TO DATE</small>
1. Monetary Contributions	Schedule A, Line 3	\$0.00	\$0.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$0.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$0.00	\$0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$95,861.32	\$97,013.95
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$95,861.32	\$97,013.95
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$21,687.00	\$80,314.14
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$117,548.32	\$177,328.09

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
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Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$2,123.88	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$202,500.00	
15. Cash Payments	Column A, Line 8 above	\$95,861.32	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$108,762.56	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$80,314.14

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

CALIFORNIA **460**
 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Protect the Political Rights of Minorities

Statement covers period
 from 07/01/2016

through 10/22/2016

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I.D. Number
 880354

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$0.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
 (Include all Schedule A subtotals.) \$0.00
- Amount received this period - unitemized contributions of less than \$100 \$0.00
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$0.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B – Part 1

Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 07/01/2016through 10/22/2016CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Protect the Political Rights of Minorities

I.D. NUMBER

880354

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						<input type="checkbox"/> RATE		PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						<input type="checkbox"/> RATE		PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						<input type="checkbox"/> RATE		PER ELECTION**
SUBTOTALS								

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

(Enter (e) on
Schedule E, Line 3)

2. Loans paid or forgiven this period. _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____

Enter the net here and on the Summary Page, Column A, Line 2.

Net _____

(may be a negative number)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - PART 2

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Committee to Protect the Political Rights of Minorities

Statement covers period
 from 07/01/2016

through 10/22/2016

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I.D. Number
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FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR <hr/> PER ELECTION (IF REQUIRED) <hr/>	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Committee to Protect the Political Rights of Minorities

Statement covers period
 from 07/01/2016
 through 10/22/2016

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I.D. Number
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
 (Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100
3. Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SCHEDULE D

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 07/01/2016
 through 10/22/2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Committee to Protect the Political Rights of Minorities

I.D. NUMBER
 880354

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2016	Prop. 51 School Bond. Funding for K-12 School and Community College Facilities. Initiative Statutory Amendment. Proposition 51 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2016	Prop. 52 State Fees on Hospitals. Federal Medi-Cal Matching Funds. Initiative Statutory and Constitutional Amendment. Proposition 52 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2016	Prop. 53 State Fees on Hospitals. Federal Medi-Cal Matching Funds. Initiative Statutory and Constitutional Amendment. Proposition 53 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL				\$7,877.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$7,877.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$7,877.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2016
through 10/22/2016

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NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
880354

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2016	Prop. 54 Legislature. Legislation and Proceedings. Initiative Constitutional Amendment and Statute. Proposition 54 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2016	Prop. 59 SB254 (Chapter 20, Statutes of 2016), Allen, Campaign Finance: Voter Instruction. Proposition 59 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2016	Prop. 60 Adult Film. Condoms. Health Requirements. Initiative Statute. Proposition 60 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/3/2016	Prop. 62 Death Penalty. Initiative Statute. Proposition 62 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
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NAME OF FILER
Committee to Protect the Political Rights of Minorities

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880354

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2016	Prop. 63 Firearms. Ammunition Sales. Initiative Statute. Proposition 63 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/3/2016	Prop. 66 Death Penalty. Procedures. Initiative Statute. Proposition 66 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/3/2016	Prop. 67 Referendum to Overturn Bag on Single-Use Plastic Bag. Proposition 67 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$787.70	\$787.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$7,877.00		

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

Statement covers period
from 07/01/2016
through 10/22/2016

Page 11 of 27I.D. NUMBER
880354**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$115.75
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$404.25
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$131.67

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	<u>\$95,861.32</u>
2. Unitemized payments made this period of under \$100.	<u>\$0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	<u>\$0.00</u>
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL <u>\$95,861.32</u>

**Schedule E
(Continuation Sheet)**
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

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from 07/01/2016
through 10/22/2016

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880354

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Admail West, Inc. Sacramento, CA 95814-	LIT			\$77,495.10
The Observer Newspapers, Inc. Sacramento, CA 95817	LIT			\$1,445.00
Olson Hagel & Fishburn, LLP Sacramento, CA 95814-	PRO			\$2,342.55
Bobby Bivens Stockton, CA 95219	LIT			\$500.00
Leroy Candler Fresno, CA 93721	LIT			\$250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)**
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

Statement covers period
from 07/01/2016
through 10/22/2016

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880354

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kathleen Harmon San Diego, CA 92114	LIT			\$250.00
Denisha M. DeLane Oakland, CA 94602	LIT			\$250.00
Sean Dugan Oakland, CA 94612	LIT			\$250.00
Ron Hasson Los Angeles, CA 90039	LIT			\$500.00
Debra Henry Sacramento, CA 95814-	POS			\$550.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)**
Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2016
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NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
880354

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Post Newspaper Group Oakland, CA 94612	PRT			\$3,500.00
Admail West, Inc. Sacramento, CA 95814-	IND		Slate Mailer/Support/Various Props. @ \$787.70 each	\$7,877.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$95,861.32

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	CNS	\$5,000.00	\$0.00	\$0.00	\$5,000.00
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	CNS Consulting for Slate Mailer	\$4,730.00	\$0.00	\$0.00	\$4,730.00
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	CNS Consulting for Slate Mailer	\$4,730.00	\$0.00	\$0.00	\$4,730.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$21,687.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$21,687.00
May be a negative number.

**Schedule F
(Continuation Sheet)**
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2016</u>	CALIFORNIA FORM 460
through <u>10/22/2016</u>	Page <u>16</u> of <u>27</u>

NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
880354

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Consulting for Slate Mailer	\$270.00	\$0.00	\$0.00	\$270.00
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Consulting for Slate Mailer	\$270.00	\$0.00	\$0.00	\$270.00
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$0.00	\$21,287.00	\$0.00	\$21,287.00
The Observer Newspapers, Inc. Sacramento, CA 95817	LIT	\$0.00	\$400.00	\$0.00	\$400.00

SUBTOTALS

**Schedule F
(Continuation Sheet)**
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2016</u>	CALIFORNIA FORM 460
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NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Printing for Slate Mailer	\$1,027.65	\$0.00	\$0.00	\$1,027.65
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Shipping for Slate Mailer	\$285.09	\$0.00	\$0.00	\$285.09
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Design of Slate Mailer	\$146.49	\$0.00	\$0.00	\$146.49
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Distribution of Slate Mailer	\$320.75	\$0.00	\$0.00	\$320.75

SUBTOTALS

**Schedule F
(Continuation Sheet)**
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2016</u>	CALIFORNIA FORM 460
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NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Consulting	\$1,924.50	\$0.00	\$0.00	\$1,924.50
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Consulting	\$1,924.50	\$0.00	\$0.00	\$1,924.50
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	IND Printing for Slate Mailer	\$76.98	\$0.00	\$0.00	\$76.98
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$6,982.35	\$0.00	\$0.00	\$6,982.35

SUBTOTALS

**Schedule F
(Continuation Sheet)**
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2016</u>	CALIFORNIA FORM 460
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NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
880354

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$523.02	\$0.00	\$0.00	\$523.02
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$13,075.50	\$0.00	\$0.00	\$13,075.50
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$13,075.50	\$0.00	\$0.00	\$13,075.50
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$2,179.25	\$0.00	\$0.00	\$2,179.25

SUBTOTALS

**Schedule F
(Continuation Sheet)**
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2016</u>	CALIFORNIA FORM 460
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NAME OF FILER
Committee to Protect the Political Rights of Minorities

I.D. NUMBER
880354

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$1,939.07	\$0.00	\$0.00	\$1,939.07
Alice Huffman dba A.C. Public Affairs, Inc. Sacramento, CA 95814	LIT	\$146.49	\$0.00	\$0.00	\$146.49
SUBTOTALS		\$58,627.14	\$21,687.00	\$0.00	\$80,314.14

**Schedule H –
Loans Made to Others***

SCHEDULE H

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 07/01/2016

through 10/22/2016

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

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I.D. NUMBER
880354

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR PER ELECTION**
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR PER ELECTION**
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET

(May be a negative number)

Schedule I
Miscellaneous Increases to Cash

SCHEDULE I

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

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I.D. NUMBER
880354

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/27/2016	Yes on 56-Saves Lives CA, a coalition of Doctors, Dentists, Health Plans, Labor, Hospitals, Law Enforcement & Non-profit Health Advocate Organizations Sacramento, CA 95814 Filer ID: 1377991	Slate Mailer Payment	\$38,500.00
9/30/2016	Yes on 55 - Californians for Budget Stability, sponsored by Teachers, Health Care Providers, Doctors and Labor Organizations Sacramento, CA 95814 Filer ID: 1381382	Slate Mailer Payment	\$38,500.00
9/28/2016	No on Prop 61-CAS Against the Deceptive RX Prop, a coalition of veterans doctors patient advocates seniors taxpayers & members of Pharm research & Manu. Sacramento, CA 95814 Memo Reference: INC1181 Filer ID: 1379198	Slate Mailer Payment	\$38,500.00
10/3/2016	Yes on Prop. 57, Californians and Governor Brown for Public Safety and Rehabilitation Sacramento, CA 95815 Memo Reference: INC1183 Filer ID: 1382912	Slate Mailer Payment	\$38,500.00
10/6/2016	Yes on 64, CAS to Control, Regulate & Tax Adult Use of Marijuana while Protecting Children, sponsored by business, physicians, environmental & social justice org Sacramento, CA 95814 Filer ID: 1381808	Slate Mailer Payment	\$38,500.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule I Summary

1. Increases to cash of \$100 or more this period.....
2. Unitemized increases to cash under \$100 this period.....
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL _____

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Protect the Political Rights of Minorities

Statement covers period from <u>07/01/2016</u> through <u>10/22/2016</u>	CALIFORNIA FORM 460 Page <u>26</u> of <u>27</u> I.D. NUMBER <u>000001</u>
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/4/2016	Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations Sacramento, CA 95814 Filer ID: 1386477	Slate Mailer Payment	\$10,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$202,500.00

Schedule I Summary

- | | |
|--|---------------------------|
| 1. Increases to cash of \$100 or more this period..... | \$202,500.00 |
| 2. Unitemized increases to cash under \$100 this period..... | \$0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | TOTAL \$202,500.00 |

TOTAL \$202,500.00

Memo Reference: INC1181

Payment received through intermediary Alice Huffman dba A.C. Public Affairs, 1215 K Street, Suite 1609, Sacramento, CA 95814

Memo Reference: INC1183

Payment received through intermediary Alice Huffman dba A.C. Public Affairs, 1215 K Street, Suite 1609, Sacramento, CA 95814
